

**EXHIBIT D**

# Business Account Application



Bank Name: WELLS FARGO BANK, N.A.		Branch Name: ARBUTUS	
Banker Name: JESSICA SHELTON		Officer/Portfolio Number: CJ620	Date: 07/06/2020
Banker Phone: 410/242-3600	Branch Number: 07374	Banker AU: 0067095	Banker MAC: R1207-010

To help the government fight the funding of terrorism and money laundering activities, U.S. Federal law requires financial institutions to obtain, verify, and record information that identifies each person (individuals and businesses) who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

## New Account Information

☒ New Deposit Account(s) Only ☐ New Deposit Account(s) and Business Credit Card

Account 1 Product Name: Wells Fargo Simple Business Checking			Purpose of Account 1: General Operating Account	
COID: 336	Product: DDA	Account Number: [REDACTED] 6603	Opening Deposit: \$25.00	Type of Funds: CACK
Account 2 Product Name: Business Market Rate Savings			Purpose of Account 2: Savings	
COID: 336	Product: DDA	Account Number: [REDACTED] 3289	Opening Deposit: \$25.00	Type of Funds: CACK

New Account Kit: BD-002558534	Checking/Savings Bonus Offer Available: No
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## Related Customer Information

Customer 1 Name: FRANK L ANNESE	
Enterprise Customer Number (ECN): [REDACTED] 8119	Account Relationship: Sole Owner
Customer 2 Name: FRANKNESS CONSTRUCTION	
Enterprise Customer Number (ECN): [REDACTED] 0618	Account Relationship: Associated Party

## Checking/Savings Statement Mailing Information



## Name(s) and Information Listed on Statement:

FRANK L ANNESE

## Statement Mailing Address:

8150 LAKECREST DR APT 715

DBA FRANKNESS CONSTRUCTION

## Address Line 2:

City:  
GREENBELTState:  
MDZIP/Postal Code:  
20770-3344Country:  
US**Customer 1 Information**

## Customer Name:

FRANKNESS CONSTRUCTION

## Enterprise Customer Number (ECN):

[REDACTED] 0618

## Account Relationship:

Associated Party

## Taxpayer Identification Number (TIN):

[REDACTED] 8861

## TIN Type:

EIN

## Business Type:

Sole Proprietor

## Business Sub-Type/Tax Classification:

## Non-Profit:

No

## Street Address:

6271 GREEN FIELD RD

## Address Line 2:

## Address Line 3:

City:  
ELKRIDGEState:  
MDZIP/Postal Code:  
21075-6263Country:  
USDate Originally Established:  
02/26/2020

## Current Ownership Since:

Number of Employees:  
1Annual Gross Sales:  
\$ [REDACTED]Year Sales Reported:  
07/05/2020

## Fiscal Year End:

Business Phone:  
317/486-9530

## Fax:

## Cellular Phone:

## Pager:

## Primary Financial Institution:

Number of Locations:  
1

## e-Mail Address:

Primary State 1:  
MD

## Primary State 2:

## Primary State 3:

## Website:

## Primary Country 1:

## Primary Country 2:

## Primary Country 3:

Sales Market:  
NATIONAL

## Industry:

Construction

## Description of Business:

GENERAL FLOORING CONTRACTOR

## Major Suppliers/Customers:

**Bank Use Only**

## Name/Entity Verification:

Reg of Trade Name

## Address Verification:

NONE

## BACC Reference Number:

[REDACTED] 1091

## Document Filing Number/Description:

[REDACTED] 7237

## Filing Country:

US

## Filing State:

MD

## Filing Date:

02/26/2020

## Expiration Date:

## Country of Registration:

US

## State of Registration:

MD

## International Transactions:

## Check Reporting:

NO RECORD



**Authorized Signer 1 Information**

Authorized Signer Name: FRANK L ANNESE		Residence Address: 8150 LAKECREST DR APT 715	
Occupation: Manager, Owner, Office		Address Line 2:	
Position/Job Title: CEO	Date of Birth: [REDACTED]	Address Line 3:	
Taxpayer Identification Number (TIN): [REDACTED]	TIN Type: NONUS	City: GREENBELT	State: MD
Primary ID Type: PASP	Primary ID Description: EN [REDACTED]	ZIP/Postal Code: 20770-3344	Country: US
Primary ID St/Ctry/Prov: ZW	Primary ID Issue Date: 10/17/2013	Primary ID Expiration Date: 10/16/2023	Country of Citizenship: ZW
		Permanently Resides in US: YES	
Secondary ID Type: OTHR	Secondary ID Description: USA VISA [REDACTED] 0001		
Secondary ID State/Country: US	Secondary ID Issue Date: 06/20/2019	Secondary ID Expiration Date: 06/19/2021	

**Sole Proprietor 1 Information**

Customer Name: FRANK L ANNESE		Residence Address: 8150 LAKECREST DR APT 715	
Position/Title: [REDACTED]	Date of Birth: [REDACTED]	Percent of Ownership: 100.0	Address Line 2:
Enterprise Customer Number (ECN): [REDACTED] 8119			Address Line 3:
Taxpayer Identification Number (TIN): [REDACTED]	TIN Type: NONUS	City: GREENBELT	State: MD
Primary ID Type: PASP	Primary ID Description: [REDACTED] 9944	ZIP/Postal Code: 20770-3344	Country: US
Primary ID St/Ctry/Prov: ZW	Primary ID Issue Date: 10/17/2013	Primary ID Expiration Date: 10/16/2023	Directional Address: (Document when no physical residence, business or alternate street address.)
Secondary ID Type: OTHR	Secondary ID Description: USA VISA [REDACTED] 0001	Country of Citizenship: ZW	Permanently Resides in US: YES
Secondary ID State/Country: US	Secondary ID Issue Date: 06/20/2019	Secondary ID Expiration Date: 06/19/2021	Check Reporting: NO RECORD



2W02-001236292715-03

**Certificate of Authority**

Each person who signs the "Certified/Agreed To" section of this Application certifies that:

- A. The Customer's use of any Wells Fargo Bank, N.A. ("Bank") deposit account, product or service will confirm the Customer's receipt of, and agreement to be bound by, the Bank's applicable fee and information schedule and account agreement that includes the Arbitration Agreement under which any dispute between the Customer and the Bank relating to the Customer's use of any Bank deposit account, product or service will be decided in an arbitration proceeding before a neutral arbitrator as described in the Arbitration Agreement and not by a jury or court trial.**
- B.** Each person who signs the "Certified/Agreed To" section of this Application or whose name, any applicable title and specimen signature appear in the "Authorized Signers Signature Capture" section of this Application is authorized on such terms as the Bank may require to:
- (1) Enter into, modify, terminate and otherwise in any manner act with respect to accounts at the Bank and agreements with the Bank or its affiliates for accounts and/or services offered by the Bank or its affiliates (other than letters of credit or loan agreements);
  - (2) Authorize (by signing or otherwise) the payment of Items from the Customer's account(s) listed on this Business Account Application (including without limitation any Item payable to (a) the individual order of the person who authorized the Item or (b) the Bank or any other person for the benefit of the person who authorized the Item) and the endorsement of Deposited Items for deposit, cashing or collection (see the Bank's applicable account agreement for the definitions of "Item" and "Deposited Item");
  - (3) Give instructions to the Bank in writing (whether the instructions include the manual signature or a signature that purports to be the facsimile or other mechanical signature including a stamp of an Authorized Signer as the Customer's authorized signature without regard to when or by whom or by what means or in what ink color the signature may have been made or affixed), orally, by telephone or by any electronic means in regard to any Item and the transaction of any business relating to the Customer's account(s), agreements or services, and the Customer shall indemnify and hold the Bank harmless for acting in accordance with such instructions; and
  - (4) Delegate the person's authority to another person(s) or revoke such delegation, in a separate signed writing delivered to the Bank.
- C.** If a code must be communicated to the Bank in order to authorize an Item, and the code is communicated, the Item will be binding on the Customer regardless of who communicated the code.
- D.** Each transaction described in this Certificate of Authority conducted by or on behalf of the Customer prior to delivery of this Certificate is in all respects ratified.
- E.** If the Customer is a tribal government or tribal government agency, the Customer waives sovereign immunity from suit with respect to the Customer's use of any Bank account, product or service referred to in this Certificate.
- F.** The information provided in this Application is correct and complete, each person who signs the "Certified/Agreed To" section of this Application and each person whose name appears in the "Authorized Signers Signature Capture" section of this Application holds any position indicated, and the signature appearing opposite the person's name is authentic.
- G.** The Customer has approved this Certificate of Authority or granted each person who signs the "Certified/Agreed To" section of this Application the authority to do so on the Customer's behalf by:
- (1) resolution, agreement or other legally sufficient action of the governing body of the Customer, if the Customer is not a trust or a sole proprietor;
  - (2) the signature of each of the Customer's trustee(s), if the Customer is a trust; or
  - (3) the signature of the Customer, if the Customer is a sole proprietor.

**Certified/Agreed To**

Owner/Key Individual 1 Name

FRANK L ANNESE

Position/Title:

Owner/Key Individual 1 Signature

☐ Submit manually☐ Signature not required

Date:

07/06/2020

**Authorized Signers - Signature Capture**

Authorized Signer 1 Name

FRANK L ANNESE

Position/Title:

Authorized Signer 1 Signature

☐ Submit manually☐ Signature not required

Date:

07/06/2020

